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PRINCIPLES AND PRACTICE OF PRIMARY AND SECONDARY PREVENTION IN DEMAND REDUCTION PROGRAMMES

Draft declaration on the guiding principles of reduction of illicit demand for drugs

Note by the Executive Director

Summary

In accordance with Economic and Social Council resolution 1995/16 of 24 July 1995, on the integration of demand reduction initiatives into a cohesive strategy to combat drug abuse, the Executive Director of the United Nations International Drug Control Programme (UNDCP) consulted with Governments and the relevant international organizations, and invited them to indicate the key elements and priorities for international drug demand reduction which might, in their view, be usefully included in a draft declaration on the guiding principles of demand reduction. The resolution had arisen from discussions by the Commission on Narcotic Drugs at its thirty-eighth session on the reduction of illicit demand for drugs. Further action taken by the Secretariat is reported in chapter I, and action now required by the Commission is summarized in chapter II. The expanded outline of the draft declaration, incorporating comments and proposals from Governments and organizations, is presented in annex II.

*E/CN.7/1996/1.

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INTRODUCTION

1. The Commission on Narcotic Drugs, at its thirty-eighth session, considered the issue of the reduction of illicit demand for drugs under item 4 of its agenda. It had before it a note by the Secretariat on the basic principles of demand reduction (E/CN.7/1995/4). During its discussion of the matter, the Commission commended the note by the Secretariat, which was considered to provide an essential reference for the development of demand reduction programmes (E/1995/29, para. 38).[1] In addition, it was recognized that the existing international drug control treaties, the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control adopted by the International Conference on Drug Abuse and Illicit Trafficking[2] and the Global Programme of Action adopted by the General Assembly at its seventeenth special session, on 23 February 1990,[3] were an adequate basis for implementing demand reduction programmes.

2. During its examination of demand reduction, the Commission also considered the question of the potential effectiveness of an international treaty on the issue. The matter had been examined by the intergovernmental advisory group convened by the Executive Director of the United Nations International Drug Control Programme (UNDCP) to assist in the review of a number of issues related to drug abuse called for by the General Assembly in its resolution 48/12 of 28 October 1993 (see E/CN.7/1995/14, paras. 62-66). The advisory group had been of the opinion that the field of demand reduction did not easily lend itself to codification and to formal obligations such as those that would arise under the provisions of a convention, but that the subject might give rise to a political declaration consolidating the guiding principles of demand reduction. The Executive Director agreed with that approach, and the Commission concurred that there was no need for a separate convention on the subject, and expressed support for the elaboration of an international declaration on the guiding principles of demand reduction which Governments could usefully apply in their efforts to counter the illicit demand for drugs (E/1995/29, para. 40).[1]

3. At the conclusion of its discussion on demand reduction, the Commission recommended to the Economic and Social Council the adoption of a draft resolution entitled "Integration of demand reduction initiatives into a cohesive strategy to combat drug abuse", which became Council resolution 1995/16 of 27 July 1995.

4. In paragraph 2 of its resolution 1995/16, the Council requested the Executive Director of UNDCP to develop, in consultation with Governments and organizations represented in the Commission by observers, a draft declaration on the guiding principles of demand reduction, for submission to the Commission at its thirty-ninth session and subsequently, through the Council, to the General Assembly for adoption. The present note responds to that request.

I. ACTION TAKEN BY THE SECRETARIAT PURSUANT TO ECONOMIC AND SOCIAL COUNCIL RESOLUTION 1995/16

5. Pursuant to the request contained in paragraph 2 of Council resolution 1995/16, a note verbale was sent to Governments and organizations with the request that they indicate what they considered to be key elements and priorities for reducing the international demand for drugs as well as elements which might usefully be included in such a draft declaration. To facilitate contributions, a proposed outline of the draft declaration (see annex I) and a copy of the note by the Secretariat prepared for the thirty-eighth session of the Commission referred to in paragraph 1 above were also transmitted with the note verbale.

6. As of 15 February 1996, relevant substantive responses had been received from eight States (Australia, Bangladesh, Canada, Colombia, Mexico, Norway, Papua New Guinea and United Kingdom of Great Britain and Northern Ireland), two United Nations Secretariat units (Economic and Social Commission for Asia and the Pacific (ESCAP) and Office for Outer Space Affairs (OOSA)), a research institute (United Nations Interregional Crime and Justice Research Institute (UNICRI)), two specialized agencies (International Labour Organization (ILO) and World Health Organization (WHO)); and two non-governmental organizations in consultative status with the Economic and Social Council (International Council on Alcohol and Addictions (ICAA) and International Federation of Non-Governmental Organizations for the Prevention of Drug and Substance Abuse (IFNGO)).

7. Substantive comments received from Governments and organizations are reflected in annex II under the proposed outline headings which seem most appropriate. In several cases, the outline originally proposed by the Secretariat has been expanded to include new headings required to accommodate the responses received. New headings are so indicated in the text. The outline originally proposed is reproduced in annex I to facilitate comparison.

8. Annex II presents a summarized version of proposals made by those Governments and organizations which responded to the request of the Secretary-General. No attempt has been made to analyse those proposals or to assess their relative merit. This would clearly seem premature before additional input is received from interested Governments and the Commission has had a first opportunity to evaluate progress and to determine the future course of action required. Instructions by the Commission on action to be taken by the Secretariat at the current stage of development is the subject of chapter II.

II. ACTION REQUIRED BY THE COMMISSION ON NARCOTIC DRUGS

9. The preparatory work involved in developing a draft declaration on the guiding principles of reduction of illicit demand for drugs is akin to that involved in developing any international agreement, statement, treaty or similar instrument requiring consensus. That fact was recognized by the Commission when it requested that the draft declaration be prepared in close consultation with Governments and relevant international organizations. When approaching the next step in the elaboration of the draft declaration, the Commission might wish to reflect on how best to arrive at such a consensus, after identifying the positions which will serve as a basis for discussion and negotiation of a text. In that connection, the Commission is reminded that among existing consensus texts on the subject are article 38 of the Single Convention on Narcotic Drugs of 1961,[4] as amended by the 1972 Protocol,[5] and article 20 of the Convention on

Psychotropic Substances of 1971,[6] as well as, more recently, article 14 of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.[7] The note by the Secretariat on the basic principles of demand reduction (E/CN.7/1995/4), which was considered by the Commission at its thirty-eighth session, might also be of use in identifying areas of agreement, and will therefore be available to the Commission at its thirty-ninth session for reference.

10. The preliminary proposals received to date from Governments and organizations constitute a first step, resulting in a broad outline on which to build, but one which still needs considerable elaboration and additional inputs before it can become the basis for a declaration. The proposals contained in annex II should thus be seen as only the starting-point for further guidance to the Secretariat on how the Commission wishes to proceed.

11. One option which the Commission might wish to consider would be to request the Executive Director of UNDCP to convene a small but geographically representative expert group to prepare a first full-fledged draft on the basis of additional input from Governments and specialized organizations. Such a group could meet towards the end of 1996, and base its discussions on existing texts as well as any additional comments that might be submitted to the Secretary-General following a new request for contributions. The draft thus prepared could serve as the basis for discussion at the fortieth session of the Commission.

Notes

[1]See *Official Records of the Economic and Social Council, 1995, Supplement No. 9* (E/1995/29).

[2]See *Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987* (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A.

[3]See resolution S-17/2, annex.

[4]United Nations, *Treaty Series*, vol. 520, No. 7515.

[5]Ibid., vol. 976, No. 14152.

[6]Ibid., vol. 1019, No. 14956.

[7]*Official Records of the United Nations Conference for the Adoption of a Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Vienna, 25 November-20 December 1988*, vol. I (United Nations publication, Sales No. E.94.XI.5).

Annex I

PROPOSED OUTLINE ANNEXED TO THE NOTE VERBALE OF THE SECRETARY-GENERAL REQUESTING COMMENTS FROM GOVERNMENTS AND ORGANIZATIONS

Objectives

Key element 1. To create a long-term commitment to reduce significantly the illicit demand for drugs through changing attitudes and behaviours, particularly of young people, towards drugs which may be abused, through the development of appropriate programmes, with adequate funding, effective delivery and careful evaluation.

Key element 2. To ensure a comprehensive, balanced and coordinated approach to the illicit demand for drugs, encouraging collaboration and cooperation at all levels in society.

Understanding the problem of drug abuse

Key element 3. To undertake national assessments which identify the types of drugs being abused, by which groups and in what manner, as well as the underlying reasons for this abuse.

Key element 4. To raise the awareness of the general public of the impact of drug abuse on society as a whole, through the measurement of the costs and consequences of such abuse.

Targeting those in need

Key element 5. To identify those groups of people most in need of urgent interventions.

Key element 6. To ensure that any intervention is tailored to the needs of the target group, ensuring that it is appropriate to the culture of the group and matches the resources available.

Integration of programmes

Key element 7. To integrate different types of demand reduction programmes, such as education, treatment and community programmes, with each other as well as with general health issues.

Key element 8. To incorporate the issue of the reduction of illicit demand for drugs into other programmes undertaken in a broader socio-economic context.

Evaluation of programmes

Key element 9. To evaluate the process of implementation and outcome of interventions and to use the results of that evaluation to develop future programmes and policies.

Training

Key element 10. To incorporate a drug dimension in vocational and professional training for all those whose work may bring them into contact with drug abusers.

Roles of international organizations

Key element 11. To identify the mandate of UNDCP and other United Nations entities and the role of the non-governmental organizations.

Annex II

PRELIMINARY COMMENTS AND PROPOSALS FOR CONSIDERATION IN THE PREPARATION OF A DRAFT DECLARATION ON THE GUIDING PRINCIPLES OF REDUCTION OF ILLICIT DEMAND FOR DRUGS

A. **Preamble** (new heading)

Comments

Drug consumption is the stimulus for drug production and trafficking, and the reduction of demand is therefore a radical although long-term solution to the problem (Mexico).

International drug efforts are guided by a framework comprising the international drug control treaties and the Global Programme of Action. The declaration on demand reduction will be an important addition to this framework. In this context it is important that particular concerns - or harms - be identified so that appropriate measures to address them could be developed (Australia).

Reference should be made in particular to article 14, paragraph 4, of the 1988 Convention (Mexico).

It is necessary to stress the need for all countries where there is widespread drug abuse to assume responsibility and an explicit commitment to adopt programmes to bring about an appreciable reduction in illicit drug consumption in those countries (Mexico).

B. **Definitions** (new heading)

Comments

The terms used in the document should not be at variance with the concepts and terminology used in the 1993 report of the WHO Expert Committee on Drug Dependence,[a] and due consideration should be given to relevant documents issued by UNDCP or United Nations specialized agencies such as the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization and WHO (Norway).

C. Objectives

Key element 1. To create a long-term commitment to reduce significantly the illicit demand for drugs through changing attitudes and behaviours, particularly of young people, towards drugs which may be abused, through the development of appropriate programmes, with adequate funding, effective delivery and careful evaluation.

Comments

We would prefer the word "sustained" rather than "long-term", and suggest "appropriate" evaluation rather than "careful" (ICAA).

Key element 2. To ensure a comprehensive, balanced and coordinated approach to the illicit demand for drugs, encouraging collaboration and cooperation at all levels in society.

Comments

Demand reduction and supply control strategies operate within a harm-minimization environment. Harm minimization is an approach that aims at reducing the adverse health, social and economic consequences of alcohol and other drugs by minimizing or limiting the harms and hazards of drug use for both the community and the individual without necessarily eliminating use (Australia).

States should increase awareness about the range of demand reduction strategies, and should encourage the development of innovative approaches to drug demand reduction, providing for a forum for open and frank discussions on policy options (Australia).

An objective must be to foster and win global adoption for clean and healthy living without drug abuse (IFNGO).

D. Understanding the problem of drug abuse

Key element 3. To undertake national assessments which identify the types of drugs being abused, by which groups and in what manner, as well as the underlying reasons for this abuse.

Comments

Effective interventions for the prevention and reduction of drug abuse are only possible with reliable, relevant and timely information defining the nature and extent of the problems and the health implications of illicit drug abuse. Use should be made of various research techniques, *inter alia*, epidemiological monitoring and rapid situation and needs assessment (WHO).

Research should also identify targets and mechanisms for interventions (needs assessment and resource assessment) (ICAA).

In understanding the problem of drug abuse, national assessments need to identify not only the nature, but the extent of drug abuse, and to identify emerging as well as changing trends so that priorities for action can be set (Australia).

Drug abuse is the result of many complex personal, social and familial problems (Bangladesh).

Key element 4. To raise the awareness of the general public of the impact of drug abuse on society as a whole, through the measurement of the costs and consequences of such abuse.

Comments

The problem of illicit drug abuse must be seen in a social, economic, cultural and political context. The extent of the problems and these factors are mutually affected and dependent (Norway).

Knowledge of costs and consequences may not in themselves produce the effect of raising awareness (WHO).

E. General strategy (new heading)

Comments

Demand reduction programmes should be developed and implemented within the context of an overall national strategic plan (Australia, Colombia, ESCAP). National plans should be holistic in their approach

and set clear goals, targets and measurable objectives, based on a comprehensive assessment of needs, for individual nations to work towards (Australia, Canada). Demand reduction programmes should be integrated into national master plans (Norway, UNICRI).

The adoption of a comprehensive, balanced and coordinated approach at the international, national, regional and local level for dealing with illicit demand, supply and trafficking of drugs is required (Canada, United Kingdom).

Demand reduction and supply control strategies need to be complementary and integrated with one another (Australia, Bangladesh, Norway, Papua New Guinea, ESCAP). Cooperation and collaboration between the demand reduction, supply reduction and enforcement communities should be encouraged (Canada).

Strategies should be linked to and supported by public policy and with an awareness of direct and indirect consequences. They should also take into account the affordability and cost effectiveness of any approach or initiative being considered (Canada).

Demand reduction measures have to be adapted to the prevailing national and local socio-economic and sociocultural conditions (Norway, WHO).

National focal points on drug demand reduction need to have adequate budgetary, personnel and other resources, clear delineation of functions and responsibilities, and appropriate authority to discharge those responsibilities (ESCAP).

F. Nature of demand reduction programmes (new heading)

Comments

Demand reduction policies and programmes should:

(a) Create an awareness of the risk of harm associated with drug use (Australia);

(b) Include steps to increase knowledge about risks of drug abuse and encourage healthy decision-making, as a first step towards changing attitudes and behaviours effectively (United Kingdom);

(c) Discourage the social acceptance of drug abuse (WHO);

(d) Promote alternatives to drug use to meet the needs served by drugs (Australia);

(e) Ensure a good quality of life which leads to personal development not only physically but psychologically, intellectually and spiritually (Mexico, Papua New Guinea, IFNGO);

(f) Give due recognition to the sociocultural features of the locations in which campaigns are conducted, ensuring shared responsibility of all sections of the community (Mexico);

(g) Take care to avoid sending inappropriate messages that are not based on scientific knowledge (Mexico);

(h) Build up individual and community qualities which reduce the needs which drug use may satisfy (Australia);

(i) Promote primary prevention, including a wide range of approaches and interventions (peer- and community-based education, mass media approaches etc.) with strong emphasis on community involvement (WHO);

(j) Be responsive to the complete range of needs of individual drug users and their families, and reduce transmission of the human immunodeficiency virus (WHO);

(k) Take account of the clinical variability of the individuals affected and, as far as possible, reduce relapse by case-monitoring and social reintegration (Mexico);

(l) Ensure non-discrimination against recovering addicts (ILO);

(m) Increase the value placed on health and the environment by individuals and the sense of responsibility of individuals for their own behaviour and welfare (Australia);

(n) Include preventive measures undertaken in the work place or related to leisure time or cultural activities (Norway);

(o) Recognize drug dependence as a health issue, treatment and rehabilitation being preferred to disciplinary action or incarceration (ILO);

(p) Be based on a comprehensive approach to all potentially harmful psychoactive substances including alcohol, tobacco and solvents, particularly in view of multiple substance abuse and the abuse of lawfully obtained but inappropriately used controlled substances (Norway, ICAA, WHO).

G. Targeting those in need

Key element 5. To identify those groups of people most in need of urgent interventions.

Comments

Localized and detailed drug abuse assessments are essential in order to ensure that programmes are relevant and attractive to target groups (WHO, ICAA).

The issue of targeting should reflect the fact that those in need will vary for primary, secondary and tertiary prevention (ICAA).

Demand reduction programmes must include specific campaigns aimed at the most vulnerable populations and individuals (Mexico).

Key element 6. To ensure that any intervention is tailored to the needs of the target group, ensuring that it is appropriate to the culture of the group, and matches the resources available.

Comments

While agreeing that interventions should be targeted as proposed, a statement concerning basic principles about respecting human rights and treating the target group with dignity and respect should be included (ICAA).

Demand reduction programmes should take into account:

(a) The specific cultural context of each country, region or area where it is to be implemented. In addition, programmes need to take into account culture and cultural sensitivities of the people and particular groups of people within that area (Australia);

(b) Communal and societal sensitivity, particularly readiness of the target group for the programmes being considered, the ability of service providers to deliver the necessary programmes and the existence of supportive bodies (Canada).

Programmes need to specify realistic objectives within a measurable time-frame and target clearly identified problems and groups (Australia).

H. Integration of programmes

Key element 7. To integrate different types of demand reduction programmes, such as education, treatment and community programmes, with each other as well as with general health issues.

Comments

After the words "general health", the words "and law enforcement" should be added (United Kingdom).

There is a need to address the potential benefits of integrating substance use policies and programmes at national, regional and local levels, taking into account the high prevalence of polydrug abuse among those who abuse substances (Canada).

An integrated policy is an essential tool for fostering health promotion, irrespective of the legal status of individual drugs. It is important that such policies not only emphasize the public health benefits of controlling psychoactive drugs, but also give due attention to the rights and responsibilities of individuals, in relation to their lifestyles and health (WHO).

Development of treatment services for drug-related problems should be integrated with primary and general health services and mental health services. Many activities are best carried out in a primary care setting (Australia, WHO).

Key element 8. To incorporate the issue of the reduction of illicit demand for drugs into other programmes undertaken in a broader socio-economic context.

Comments

Drug-abuse-related programmes should be integrated with programmes dealing with major issues of a social nature such as poverty, housing, unemployment and rural and urban development (Norway).

I. Implementation of programmes (new heading)

Comments

Partnerships between individuals, families, communities, non-governmental organizations and donors must be forged, and community actions should be recognized and encouraged (Bangladesh, Canada).

The importance of the community in implementing primary prevention activities at various levels should not be neglected (UNICRI).

Use should be made of the latest technology such as satellite communication to deliver drug prevention messages to the maximum number of people (OOSA).

J. Evaluation of programmes

Key element 9. To evaluate the process of implementation and outcome of interventions and to use the results of that evaluation to develop future programmes and policies.

Comments

Programme evaluation is important because it can lead to further development and refinement of programmes as well as serve as a base on which to promote similar programmes elsewhere. If it is shown that programmes are not working, then action should be taken either to terminate or redesign the programme. It also is possible to ascertain whether there were any negative effects of the programme, that is, is it causing unintended harm? Programmes need to be reassessed periodically, taking into account changing attitudes and conditions (Australia).

The evaluation of approaches and interventions, their design, mechanism and impact, needs to be ongoing (Mexico, WHO).

Evaluation is important, but this needs to be appropriate and relevant and should be disseminated to a wider audience, and the results should be published in a usable form so that information and knowledge is transferable. It must also be relevant to the size, goals and operator capacity of the project (ICAA).

The development of policies and programmes and their implementation should be based on and supported by research and a comprehensive evaluation process (Canada).

K. Training

Key element 10. To incorporate a drug dimension in vocational and professional training for all those whose work may bring them into contact with drug abusers.

Comments

The need to develop good training manuals could be emphasized. UNDCP could perform a credible service in drawing together experts from different regions to put together training manuals. Although materials from one region or even one country cannot simply be adopted by another, still there are aspects that are common to all mankind in both education and counselling (Papua New Guinea).

Evaluation techniques should be incorporated into training activities on the prevention of drug-related problems in order to enhance the cost-effectiveness. The education of health-care professionals as well as health managers, administrators and policy makers is crucial to the development and implementation of comprehensive preventive and treatment policies and the provision of resources (WHO).

There must be programmes to train specialized human resources in order to guarantee the proper transmission of prevention messages and the identification and appropriate treatment of cases (Mexico).

While recognizing the need for a drug dimension in vocational and professional training, there is also a need for skills training for specialist demand reduction staff. There is a need to incorporate social development skills in the training of such staff, and the training needs of community and voluntary groups, many of whom are involved or might be involved in aspects of drug demand reduction, should not be overlooked (ICAA).

L. International cooperation (new heading)

Comments

Subregional linkages among the national focal points with a view to collaboration between countries with common problems and experiences in drug demand reduction should be established and regional cooperation strengthened, emphasizing consultation and a participatory approach, for the promotion of drug demand education activities (Canada, ESCAP).

National and international efforts to address illicit drug use and illicit trafficking should make the fullest possible use of the experience, expertise, technologies and accomplishments of other countries and agencies, sharing the foregoing by whatever means are appropriate, affordable and effective (Canada).

M. Roles of international organizations

Key element 11. To identify the mandate of UNDCP and other United Nations entities and the role of the non-governmental organizations.

Comments

UNDCP should:

(a) Provide assistance for the planning of projects, taking into account the specific cultural context in which the project will operate, and assist countries in assessing the nature and extent of drug abuse;

(b) Assist countries in developing strategies to address the problems identified, and in the prioritizing of strategies;

(c) Provide information on demand reduction activities, successful and otherwise, in other countries;

(d) Provide examples of resources available and provide assistance in the adaptation of resources to suit particular circumstances and cultures;

(e) Provide, as resources allow, financial assistance to projects, as well as training;

(f) Coordinate activities of all United Nations agencies in the demand reduction field;

(g) Ensure that efforts are complementary and maximize the use of resources;

(h) Encourage other United Nations agencies to include drug demand reduction elements within their programmes and strategies;

(i) Promote awareness of the range of activities possible within the context of demand reduction and encourage innovative research in the drug area (Australia).

UNDCP should be very selective in undertaking demand reduction programmes and projects to be executed by itself, and should rather work through other organizations in the system (Norway).

UNDCP should serve as a centre for information, research and exchange of information, with reference to successful demand reduction strategies and programmes (Mexico).

The involvement of non-governmental and community organizations, the integration of the various aspects of demand reduction, the development of inter-country strategies at the subregional and regional levels and the close cooperation of intergovernmental organizations to increase the efficiency of drug demand reduction and to avoid unnecessary duplication are paramount (ESCAP, WHO).

A central role should be given to the work of the Administrative Committee on Coordination and its Subcommittee on Drug Control. It would also be appropriate to involve non-governmental organizations, possibly through the New York NGO Committee on Narcotics and Substance Abuse and the Vienna NGO Committee on Narcotic Drugs, as observers at the meetings of the Subcommittee. It is also important for the various United Nations organizations to have practical agreements on working together where mandates overlap. Clear principles for collaborative working are, therefore, as important as formal mandates. With regard to non-governmental organizations, there is a need to give them a position within the process of developing demand reduction activities, as well as within the delivery of services. Demand reduction is dependent on community involvement and support, and non-governmental organizations provide a route to this. Their role should, therefore, be at both development and delivery levels (ICAA).

There needs to be effective communication and coordination between international bodies, not only United Nations bodies, such as WHO, and non-governmental organizations, but also the European Union, the Council of Europe and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). EMCDDA has suggested a programme to identify and evaluate information collection by international bodies and is also working to develop a multilingual thesaurus (United Kingdom).

Notes

[*]WHO Expert Committee on Drug Dependence, *Twenty-eighth Report*, WHO Technical Report Series No. 836 (Geneva, World Health Organization, 1993).